

OP 2871S
Practitioner's Docket No. 48,240 (840)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Y. Matsushima, et al.

Application No.: 09/045,385

Group No.: 2871

Filed: 03/20/1998

Examiner: Eisenhut, H.

For: LIQUID CRYSTAL DISPLAY DEVICE AND METHOD FOR PRODUCING THE SAME

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

RECEIVED
NOV - 3 1999
U.S. PATENT & TRADEMARK OFFICE

TC 2530 MAIL ROOM

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$110.00

11/04/1999 NSHIFERA 00000132 09045385

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

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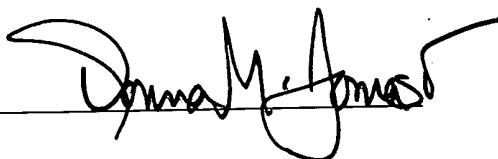
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Date: October 29, 1999

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Trademark Office.

Signature


Donna M. Tomaso
(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	17	Minus	20	= 0	x \$0 = \$0
Indep.	4	Minus	4	= 0	x \$0 = \$0
First Presentation of Multiple Dependent Claim			+ \$0 =	\$0	
			Total		
			Addit. Fee	\$0	

- * If the entry in Col. 1 is less than the entry in Col. 2, write AO \cong in Col. 3,
- ** If the AHighest No. Previously Paid For \cong IN THIS SPACE (Column 2, Row 1) is less than 20, enter A20 \cong .
- *** If the AHighest No. Previously Paid For \cong IN THIS SPACE (Column 2, Row 2) is less than 3, enter A3 \cong .
- The AHighest No. Previously Paid For \cong (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$110.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 04-1105.
If any additional fee for claims is required, charge Account No. 04-1105.



SIGNATURE OF PRACTITIONER

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